

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
**IN THE UNITED STATES DISTRICT COURT**  
**FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

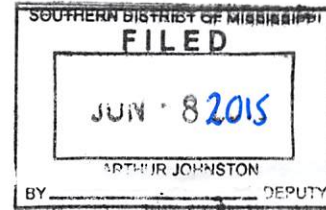
**COMPLAINT**

FOXX 101889  
 (Last Name) (Identification Number)

Carlos Deubayne  
 (First Name) (Middle Name)

E.M.C.F.  
 (Institution)

10649 Hwy 80 West / Meridian, MS  
 (Address)  
 (Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)



CIVIL ACTION NUMBER:

3:15-cv-411-DPJ-FKB  
 (to be completed by the Court)

v.

M. Hoggans  
~~Harry Sampson~~  
Capt. Naidow

(Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No ( )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

- Parties to the action: \_\_\_\_\_
- Court (if federal court, name the district; if state court, name the county): District of MS
- Docket Number: 3:15-CV-00195-CWR-FKB
- Name of judge to whom case was assigned: Magistrate Judge Keith Ball / District Judge Carlton W. Reeves
- Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Yes due to Case 3:15-CV-00195-CWR-FKB

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Carlos Foxx Prisoner Number: 101889

Address: 10641 Hwy 80 West, Meridian, MS 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: M. Hogans is employed as.

Facility Warden at E.M.C.F  
10641 Hwy 80 West, Meridian, MS 39307

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Carlos D. Foxx ADDRESS: 10641 Hwy 80 West, Meridian, MS 39307

## DEFENDANT(S):

NAME: M. Hogans ADDRESS: 10641 Hwy 80 West, Meridian, MS  
Mary Dempsey 10641 Hwy 80 West, Meridian, MS  
Capt. Naidow 10641 Hwy 80 West, Meridian, MS

**GENERAL INFORMATION**

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (X) No ( )

B. Are you presently incarcerated for a parole or probation violation?

Yes ( ) No (X)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (X) No ( )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (X) No ( )

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (X) No ( ), if so, state the results of the procedure: N. Hogan's Consider Matters

Close, which is acting warden

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes ( ) No ( )

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

\_\_\_\_\_

3. State the date your claims were presented: \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

\_\_\_\_\_

## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

On ARP # 15-990 which ~~the~~ allegations wasn't properly sought by (administration), Capt. Maidow which I produce in Case 3:15-CV-00195-CWR-FKB of statement of claims and was accepted through ARP Department. Being force back on 2-Betta 2/1/15 was in violation of MDOC procedures at the time of 10:53 <sup>AM</sup> which was protect from harm and it shows on Camera on 2/1/15 at 10:53 <sup>AM</sup> even though allegations with these certain inmates was back from 2012 but was brutally and damage was done, I shouldn't have been place back around them after I repeatedly reported my problems on 2/2/15 / 1/9/15 / 2/1/15 which shows on Camera.

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I want to be paid money for these poor unprofessional acts of 50,000 dollars with security provided from any abusive actions taken by inmates due to my confinement, and that RVR will not be place on file, which is B-11 RVR # 01579769 and went through ARP Process # 15-990

Signed this 2 day of June, 20 15

Carlos Fraz 101889  
May 80 West, Mendham, NJ  
 Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

6/2/15  
 (Date)

Carlos Fraz  
 Signature of plaintiff